PROCEDURE CODE/ALLOWANCES FOR ADULT DENTAL SERVICES 7/1/2007

DIAGNOSTIC			REBASE COMPLETE LOWER DENTURE	D5711	254.72
PERIODIC ORAL EXAM	D0120	22.94	REBASE PARTIAL UPPER DENTURE	D5720	203.84
PROBLEM FOCUSED EXAM	D0140	33.60	REBASE PARTIAL LOWER DENTURE	D5721	203.84
COMPREHENSIVE ORAL EXAM	D0150	33.60	RELINE UPPER COMPLETE DENTURE	D5730	97.83
RADIOGRAPHS			RELINE LOWER COMPLETE DENTURE	D5731	97.83
INTRAORAL COMPLETE WITH BITEWINGS	D0210	72.06	RELINE UPPER PARTIAL DENTURE	D5740	97.83
INTRAORAL PERIAPICAL 1ST FILM	D0210	13.39	RELINE LOWER PARTIAL DENTURE	D5741	97.83
INTRAORAL PERIAPICAL EACH ADD FILM	D0230	7.54	RELINE UPPER COMPLETE DENTURE	D5750	196.60
OCCLUSAL FILM	D0230 D0240	9.79	RELINE LOWER COMPLETE DENTURE	D5751	196.60
BITEWING 1 FILM	D0240 D0270	13.39	RELINE UPPER PARTIAL DENTURE	D5760	180.49
BITEWING 1 FILM BITEWINGS 2 FILMS	D0270 D0272	21.30	RELINE LOWER PARTIAL DENTURE	D5761	180.49
BITEWINGS 2 FILMS BITEWINGS 4 FILMS	D0272	29.09	TEMPORARY COMPLETE DENTURE (U)	D5810	287.69
			TEMPORARY COMPLETE DENTURE (L)	D5811	287.69
PANORAMIC FILM	D0330	41.12	TEMPORARY UPPER PARTIAL	D5820	260.12
PREVENTIVE			TEMPORARY LOWER PARTIAL	D5821	260.12
PROPHYLAXIS	D1110	43.78	TISSUE CONDITIONING-MAXILLARY	D5850	43.28
			TISSUE CONDITIONING-MANDIBULAR		D5851
AMALGAM RESTORATIVE	50110	50.00	43.28		
AMALGAM ONE SURFACE	D2140	60.00	OVERDENTURE COMPLETE (cusil only)	D5860	581.97
AMALGAM TWO SURFACES	D2150	75.00	•	20000	001177
AMALGAM THREE SURFACES	D2160	90.00	ORAL SURGERY		
AMALGAM FOUR SURFACES	D2161	108.00	EXTRACTION SINGLE TOOTH	D7140	66.61
RESIN RESTORATIONS			SURGICAL REMOVAL ERUPTED TOOTH	D7210	121.00
RESIN RESTORATIONS RESIN ONE SURFACE, ANTERIOR	D2220	69.51	SURGICAL REMOVAL TISSUE IMPACTED	D7220	129.19
	D2330	68.54	SURGICAL REMOVAL PARTIALLY BONY	D7230	188.00
RESIN TWO SURFACES, ANTERIOR	D2331	88.55	SURGICAL REMOVAL FULL BONY	D7240	229.42
RESIN THREE SURFACES, ANTERIOR	D2332	108.70	SURGICAL REMOVAL UNUSUAL COMP.	D7241	198.33
RESIN FOUR OR MORE SURFACES, ANTERIOR	D2335	129.20	SURGICAL REMOVAL RESIDUAL ROOTS	D7250	105.83
RESIN ONE SURFACES, POSTERIOR	D2391	60.00		2,200	100.00
RESIN TWO SURFACES, POSTERIOR	D2392	75.00	<u>ALVEOPLASTY</u>		
RESIN THREE SURFACES, POSTERIOR	D2393	90.00	IN CONJUNCTION WITH EXTRACTIONS		
RESIN FOUR SURFACES, POSTERIOR	D2394	108.00	(PER QUADRANT)	D7310	78.27
PROSTHETHICS (CROWNS)			IN CONJUNCTION WITH EXTRACTIONS		
RESIN/PREDOMINANTLY BASE METAL	D2721	264.90	(ONE TO THREE TEETH, PER QUADRANT)	D7311	61.18
	D2721	364.80	NOT IN CONJUNCTION WITH EXTRACTIONS		
PORCELAIN/BASE METAL CROWN	D2751	404.37	(PER QUADRANT)	D7320	97.38
FULL CAST CROWN	D2791	364.80	NOT IN CONJUNCTION WITH EXTRACTIONS		
RECEMENT CROWN	D2920	35.69	(ONE TO THREE TEETH, PER QUADRANT)	D7321	77.61
PREFABRICATED STAINLESS STEEL CROWN	D2931	112.86		2,021	,,,,,,
SEDATIVE FILLING	D2940	32.91	<u>VESTIBULOPLASTY</u>		
CROWN BUILDUP INCLUDING ANY PINS	D2950	108.00	UNCOMPLICATED (PER ARCH)	D7340	137.20
PIN RETENTION	D2951	18.66	COMPLICATED (PER ARCH)	D7350	205.68
CAST POST & CORE IN ADDITION TO CROWN	D2952	117.47	EXCISION OF BONE TISSUE		
PREFABRICATED POST/CORE IN ADDITION	D2954	104.93			
ENDODONTICS			REMOVAL OF EXOSTOSIS (PER SITE)	D7471	159.63
ROOT CANAL THERAPY - ANTERIOR	D3310	227.00	REMOVAL OF TORUS PALATINUS	D7472	226.60
ROOT CANAL THERAPT - ANTERIOR	D3310	327.00	REMOVAL OF TORUS MANDIBULARIS	D7473	212.44
PROSTHODONTICS			SURGICAL REDUCTION OF OSSEOUS		
COMPLETE UPPER DENTURE	D5110	700.00	TUBEROSITY	D7485	209.61
COMPLETE LOWER DENTURE	D5120	700.00			
IMMEDIATE UPPER DENTURE	D5130	746.00	SURGICAL INCISION		
IMMEDIATE LOWER DENTURE	D5140	746.00	INCISION AND DRAINAGE OF ABCESS		
UPPER ACRYLIC PARTIAL	D5211	655.00	INTRAORAL SOFT TISSUE	D7511	461.13
LOWER ACRYLIC PARTIAL	D5211	655.00	INCISION AND DRAINAGE OF ABCESS		
UPPER CAST PARTIAL	D5212	655.00	EXTRAORAL SOFT TISSUE	D7521	750.61
LOWER CAST PARTIAL	D5213	655.00	TREATMENT OF FRACTURES		
UPPER FLEX PARTIAL	D5214 D5225	655.00	ALVEOLUS, CLOSED REDUCTION		
			STABILIZATION OF TEETH	D2221	704.73
LOWER FLEX PARTIAL	D5226	655.00	STABILIZATION OF TEETH	D7771	704.73
ADJUST COMPLETE UPPER DENTURE	D5410	24.47	OTTIVED BED IN DROGERY DEG		
ADJUST COMPLETE LOWER DENTURE	D5411	24.47	OTHER REPAIR PROCEDURES		
ADJUST UPPER PARTIAL DENTURE	D5421	24.47	FRENULOPLASTY	D7963	233.40
ADJUST LOWER PARTIAL DENTURE	D5422	24.47	ADJUNCTIVE GENERAL SERVICES		
REPAIR BROKEN COMPLETE DENTURE	D5510	65.21	ADJUNCTIVE GENERAL BERVICES		
REPLACE MISSING/BROKEN TEETH	D5520	59.36	EMERGENCY TREATMENT OF DENTAL PAIN	D9110	30.87
REPAIR ACRYLIC SADDLE OR BASE	D5610	64.44	GENERAL ANESTHESIA (30 mins)	D9220	162.00
REPAIR CAST FRAMEWORK	D5620	69.15	GENERAL ANESTHESIA (each add. 15 mins)	D9221	81.00
REPAIR OR REPLACE BROKEN CLASP	D5630	135.84	ANALGESIA	D9230	30.19
REPLACE BROKEN TEETH (PER TOOTH)	D5640	58.85	I.V. SEDATION (30 mins)	D9241	99.70
ADD TOOTH TO EXISTING PARTIAL	D5650	77.98	I.V. SEDATION (each additional 15 mins)	D9242	54.29
ADD CLASP TO EXISTING PARTIAL	D5660	108.57	HOUSE CALL/EXTENDED CARE FACILITY	D9410	36.64
REBASE COMPLETE UPPER DENTURE	D5710	254.72	HOSPITAL CALL	D9420	82.10
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D9430 20.17

OFFICE VISIT

MEDICAL-DENTAL PROCEDURES

The manual contains a listing of codes which can be classified as either medical or dental procedures. All of these services will require prior authorization before the services are performed to determine if the claim will be filed under Dakota XIX or filed with Medical Services within the Department of Social Services.

When authorization is given and the predetermination voucher returned to the treating dentist, payment for most of the codes will be based on 55% of billed charges or the DDPSD Usual, Customary and Reasonable fee, whichever is less.

In order for TMJ procedures to be covered under the Dakota XIX program, the problem must be specifically related to the dental malocclusion.

SPECIALTY CODES MEDICAL-DENTAL PROCEDURE CODES/ALLOWANCES

<u>RADI</u>	<u>OGRAPHS</u>	
0320	Temporomandibular joint arthogram, including injection	49.78
0321	Other TMJ films, by report	61.68
0322	Tomographic survey	43.83
PERI	ODONTICS	
4210	Gingivectomy or gingivoplasty (four or more contiquous teeth)	179.85
4211	Gingivectomy or gingivoplasty (one to three contiquous teeth)	68.18
4240	Gingival flap procedure (four or more contiquous teeth)	200.19
4240	Gingival flap procedure (not of more contiquous teeth)	165.98
4241 4260	Osseous surgery (four or more contiquous teeth)	254.30
4261	Osseous surgery (one to three contiquous teeth)	152.57
4270	Pedicle soft tissue graft procedure	205.60
4271	Free soft tissue graft procedure	238.06
4341	Periodontal scaling/root planing, four or more teeth	95.45
10.10	(requires prior authorization)	×= 0=
4342	Periodontal scaling/root planning, one to three teeth	57.27
	(requires prior authorization)	
ORA	L SURGERY	
7260	Oroantral fistula closure	529.81
7280	Surgical exposure of impacted/unerupted tooth	207.77
7283	Placement of device to facilitate eruption of impacted tooth	55%
7285	Biopsy of oral tissue (hard)	151.93
7286	Biopsy of oral tissue (soft)	103.24
7290	Surgical repositioning of teeth, by report	137.65
7291	Transseptal fiberotomy, by report	89.60
7410	Excision of benign lesion up to 1.25 cm	132.45
7411	Excision of benign lesion over 1.25 cm	185.70
7412	Excision of benign lesion, complicated	379.17
7413	Excision of malignant lesion up to 1.25 cm	441.50
7414	Excision of malignant lesion over 1.25 cm	775.23

	ATTENDIA B			
7415	Excision of malignant lesion, complicated	775.23		
7440	Excision of malignant tumor-lesion diameter up to 1.25 cm	375.93		
7441	Excision of malignant tumor-lesion diameter over 1.25 cm	262.30		
7450	Removal of benign odontogenic cyst or tumor-lesion			
	diameter up to 1.25 cm	227.25		
7451	Removal of benign odontogenic cyst or tumor-lesion			
	diameter over 1.25 cm	227.25		
7460	Removal of benign nonodontogenic cyst or tumor-lesion			
	diameter up to 1.25 cm	227.25		
7461	Removal benign nonodontogenic cyst or tumor-lesion			
	diameter over 1.25 cm	227.25		
7465	Destruction of lesion by physical methods: electro-surgery, ch	emo-		
	therapy, cryotherapy, or laser	162.32		
7490	Radical resection of mandible with bone graft	300.61		
7510	Incision and drainage of abscess-intraoral soft tissue	90.90		
7520	Incision and drainage of abscess-extraoral soft tissue	375.93		
7530	Removal of foreign body, skin, or subcutaneous areolar tissue			
7540	Removal of reaction-producing foreign bodies-musculoskeleta			
	system,by report	185.04		
7550	Sequestrectomy for osteomyelitis	387.62		
7560	Maxillary sinusotomy for removal of tooth fragment or foreign	n body 357.10		
TREA	ATMENT OF FRACTURES-SIMPLE			
7610	Maxilla-open reduction	2,167.91		
7620	Maxilla-closed reduction	1,187.52		
7630	Mandible-open reduction	1,688.11		
7640	Mandible-closed reduction	$1,177.13^{'}$		
7650	Malar and/or zygomatic arch-open reduction	1,814.06		
7660	Malar and/or zygomatic arch-closed reduction	499.28		
7670	Alveolus –closed reduction stabilization of teeth	486.95		
7671	Alveolus –open reduction stabilization of teeth	714.20		
7680	Facial bones-complication reduction with fixation and multiple	le		
	surgical approaches 2,74	1.87		
TREA	ATMENT OF FRACTURES-COMPOUND			
7710	Maxilla-open reduction	2,276.34		
7720	Maxilla-closed reduction	1,319.97		
7730	Mandible-open reduction	2,276.34		
7740	Mandible-closed reduction	1,177.13		
7750	Malar and/or zygomatic arch- open reduction	1,378.40		
7760	Malar and/or zygomatic arch-closed reduction	514.87		
7770	Alveolus-stabilization of teeth-open reduction splinting	784.96		
7780	Facial bones-complicated reduction with fixation and multiple	е		
	surgical approaches	784.96		
REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TMJ				
DYSFUNCTIONS				
$\frac{2121}{7810}$	Open reduction of dislocation	1,454.37		
7820	Closed reduction of dislocation	448.65		
7830	Manipulation under anesthesia	227.25		
7840	Condylectomy	55%		
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7850	Surgical discectomy; with or without implant	55%
7852	Disc repair	55%
7854	Synovectomy	55%
7856	Myotomy	55%
7858	Joint reconstruction	55%
7860	Arthrotomy	55%
7865	Arthoplasty	55%
7870	Arthrocentesis	55%
7872	Arthroscopy-diagnosis; with or without biopsy	55%
7873	Arthroscopy-surgical; lavage and lysis of adhesions	55%
7874	Arthroscopy-surgical; disc repositioning and stabilization	55%
7875	Arthroscopy-surgical; synovectomy	55%
7876	Arthroscopy-surgical; discectomy	55%
7877	Arthroscopy-surgical; debridement	55%
7880	Occlusal orthotic appliance, by report	295.87
7899	Unspecified TMD therapy, by report	BR
7910	Suture (repair) of recent small wounds up to 5 cm	87.65
7911	Suture (complicated) up to 5 cm	109.08
7912	Suture (complicated) over 5 cm	129.85
7920	Skin grafts (identify defect covered, location, type), by report	282.44
7940	Osteoplasty- for orthognathic deformities	422.02
7941	Osteotomy- mandibular rami	2,545.79
7943	Osteotomy- mandibular rami with bonegraft, includes	=,0100
1010	obtaining the graft	2,963.27
7944	Osteotomy- segmented or subapical, per sextant or quad	1,773.81
7945	Osteotomy- body of mandible	2,582.80
7946	LeFort I (maxilla-total)	2,951.59
7947	LeFort I (maxilla-segmented)	3,197.01
7948	LeFort II or LeFort III (osteoplasty of facial bones, w/o bone gr	
7949	LeFort II or LeFort III - with bone graft	55%
7950	Graft of mandible (osseous, osteoperiosteal, or cartilage graft of	
1990	mandible-nonautogenous or autogenous)	180.50
7955	Repair of maxillofacial soft or hard tissue defect	180.50
7960	Frenulectomy (frenectomy or frenotomy); separate procedure	126.61
7970	Excision of hyperplastic tissue, per arch	129.85
7971	Excision of pericoronal gingiva	64.27
7980	Sialolithotomy	124.66
7981	Excision of salivary gland	653.82
7982	Sialodochoplasty	659.01
7983	Closure of salivary fistula	55%
7990	Emergency tracheotomy	55%
7991	Coronoidectomy	55%
7992	Eminenectomy	55%
7999	Unspecified oral surgery procedure, by report	55%